

TE-4028-A Rev. 06/05 AUTHORITY: Michigan Constitution, Art.8, Sec.3	MICHIGAN DEPARTMENT OF EDUCATION OFFICE OF PROFESSIONAL PREPARATION SERVICES P.O. BOX 30008 LANSING, MICHIGAN 48909	Direct questions regarding this form to (517) 373-3310.
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APPLICATION FOR DUPLICATE MICHIGAN CERTIFICATE

Complete this application form if you wish to obtain a duplicate of your Michigan teaching certificate, vocational authorization, school psychologist certificate, or school guidance counselor license. (NOTE: This transaction does not cover any additions to or upgrade of your certificate/vocational authorization, except name and address changes.)

GENERAL INSTRUCTIONS:

- Complete all sections of the application form. **PLEASE PRINT OR TYPE.**
- If your name has changed since your certificate was issued, enclose a copy of your marriage license, divorce decree, or name change decree.
- **Mail the completed application form to the address indicated above, or fax the application form to Andy Beal at (517) 373-0542.**
- After your application is processed, you will be billed \$10.00 for each type of duplicate certificate/authorization requested. **DO NOT MAKE PAYMENT UNTIL YOU RECEIVE THE FEE REMITTANCE STATEMENT.**
- Once your payment is received, you will be sent **TWO COPIES** of each duplicate certificate requested.

TYPE OF DUPLICATE CERTIFICATE REQUESTED

<input type="checkbox"/> TEACHER	<input type="checkbox"/> SCHOOL COUNSELOR	<input type="checkbox"/> SCHOOL PSYCHOLOGIST	<input type="checkbox"/> VOCATIONAL AUTHORIZATION
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APPLICANT INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH	MONTH	DAY	YEAR	GENDER
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME	Last	First	Middle	Maiden	TELEPHONE NUMBER	
					()	
ADDRESS	Street	City	State	Zip Code		

CERTIFICATE INFORMATION

NAME THAT APPEARS ON CERTIFICATE:	Last	First	Middle	Maiden
COLLEGE ATTENDED:	DATE CERTIFICATE ISSUED:			

CONVICTION/REVOCAION INFORMATION (If you answer "yes" to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.)

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist certificate suspended or revoked? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE _____ DATE _____

-DO NOT WRITE BELOW THIS LINE-

Institution _____ Degree _____ Date Issued _____

Certificate Type _____ Endorsement Areas: _____

Fee Paid \$ _____ Approved By _____ Date Approved _____